

## Application Data Sheet

### Application Information

Application number::  
Filing Date:: 10/03/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: METHODS FOR TREATING CANCER BY  
INHIBITING WNT SIGNALING  
Attorney Docket Number:: 023070-125630US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 18  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Peoples Republic of China  
Status:: Full Capacity  
Given Name:: Biao  
Middle Name::  
Family Name:: He  
Name Suffix::  
City of Residence:: San Mateo  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3222 Glendora Drive, Apt. 208  
City of Mailing Address:: San Mateo  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Liang  
Middle Name::  
Family Name:: You  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2286 15th Avenue  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94116

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Zhidong

Middle Name::

Family Name:: Xu

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3226 Ortega Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94122

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: M.

Family Name:: Jablons

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1620 Diamond Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94131

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/_____ (converted from 10/264,825)	10/04/02
and this Application	An Appn claiming benefit under 35 USC 119(e) of	60/491,350	07/31/03

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::